

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State, Bar number, and address): Fatherly Freedom Inc PO BOX 60 Twain Harte, CA 95383 TELEPHONE NO.: 209-591-0406 FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): DAVID AVILA, ET AL	FOR COURT USE ONLY <h1 style="text-align: center;">FILED</h1> SEP 23 2024 CLERK, U.S. DISTRICT COURT EASTERN DISTRICT OF CALIFORNIA BY <u><i>lmms</i></u> DEPUTY CLERK
United States District Court, Eastern District of California STREET ADDRESS: 501 I St. Suite 4-200 MAILING ADDRESS: 501 I St. Suite 4-200 CITY AND ZIP CODE: Sacramento 95814 BRANCH NAME: Robert T. Matsui Federal Courthouse	
PLAINTIFF/PETITIONER: DAVID AVILA, ET AL	
DEFENDANT/RESPONDENT: NEWREZ LLC, D/B/A SHELLPOINT MORTGAGE SERVICING, ET AL	CASE NUMBER: 2:24-CN-2264-TLN-CKS
PROOF OF SERVICE OF SUMMONS	Ref. No. or File No.: 2:24-CN-2264-TLN-CKS

1. At the time of service I was at least 18 years of age and not a party to this action.
2. I served copies of (specify documents):
VERIFIED CLAIM FOR DAMAGES; Complaint; Summons
3. a. Party served (specify name of party as shown on documents served):
NewRez LLC
- b. ☒ Person (other than the party in item 3a) served on behalf of an entity or as an authorized agent (and not a person under item 5b whom substituted service was made) (specify name and relationship to the party named in item 3a):
4. Address where the party was served:
601 Office Center Drive, Suite 100, Fort Washington, PA 19034
5. I served the party (check proper box)
- a. ☒ **by personal service.** I personally delivered the documents listed in item 2 to the party or person authorized to receive service of process for the party (1) on (date): **09/12/2024** at (time): **12:24 PM**
- b. ☐ **by substituted service.** On (date): _____ at (time): _____ I left the documents listed in item 2 with or in the presence of (name and title or relationship to person indicated in item 3):
- (1) ☐ **(business)** a person at least 18 years of age apparently in charge at the office or usual place of business of the person to be served. I informed him or her of the general nature of the papers.
- (2) ☐ **(home)** a competent member of the household (at least 18 years of age) at the dwelling house or usual place of abode of the party. I informed him or her of the general nature of the papers.
- (3) ☐ **(physical address unknown)** a person at least 18 years of age apparently in charge at the usual mailing address of the person to be served, other than a United States Postal Service post office box. I informed him or her of the general nature of the papers.
- (4) ☐ I thereafter caused to be mailed (by first class, postage prepaid) copies of the documents to the person to be served at the place where the copies were left (Code Civ. Proc § 415.20). Documents were mailed on (date): _____ from (city): _____ or ☐ a declaration of mailing is attached.
- (5) ☐ I attach a **declaration of diligence** stating actions taken first to attempt personal service.

BY FAX



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- c. ☐ **by mail and acknowledgement of receipt of service.** I mailed the documents listed in item 2 to the party, to the address shown in item 4, by first-class mail, postage prepaid,
- (1) on (date): (2) from (city):
- (3) ☐ with two copies of the *Notice and Acknowledgement of Receipt* and a postage-paid return envelope addressed to me. (*Attach completed Notice and Acknowledgement of Receipt.*) (Code Civ. Proc., § 415.30)
- (4) ☐ to an address outside California with return receipt requested. (Code Civ. Proc., § 415.40)
- d. ☐ **by other means** (*specify means of service and authorizing code section*):

☐ Additional page describing service is attached.

6. The "Notice to the Person Served" (on the summons) was completed as follows:

- a. ☐ as an individual defendant.
- b. ☐ as the person sued under the fictitious name of (*specify*):
- c. ☐ as occupant.
- d. ☒ On behalf of (*specify*) **NewRez LLC**
under the following Code of Civil Procedure section:

- | | |
|---|---|
| <input checked="" type="checkbox"/> 416.10 (corporation) | <input type="checkbox"/> 415.95 (business organization, form unknown) |
| <input type="checkbox"/> 416.20 (defunct corporation) | <input type="checkbox"/> 416.60 (minor) |
| <input type="checkbox"/> 416.30 (joint stock company/association) | <input type="checkbox"/> 416.70 (ward or conservatee) |
| <input type="checkbox"/> 416.40 (association or partnership) | <input type="checkbox"/> 416.90 (authorized person) |
| <input type="checkbox"/> 416.50 (public entity) | <input type="checkbox"/> 415.46 (occupant) |
| | <input type="checkbox"/> other. |

7. **Person who served papers**

- a. Name: **James Jernigan**
- b. Address: **500 Cullen Rd, Lincoln University, PA 19352**
- c. Telephone number: **610-806-2361**
- d. The fee for service was: **\$ 105.00**
- e. I am:

- (1) ☒ not a registered California process server.
- (2) ☐ exempt from registration under Business and Professions Code section 22350(b).

- (3) ☐ registered California process server:

(i) ☐ owner ☐ employee ☐ independent contractor. For:

(ii) ☐ Registration No.:

Registration #:

(iii) ☐ County:

County:

BY FAX



8. ☒ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

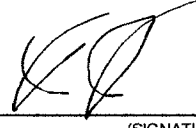
or

9. ☐ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: 09/12/2024

James Jernigan

(NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)



(SIGNATURE)

